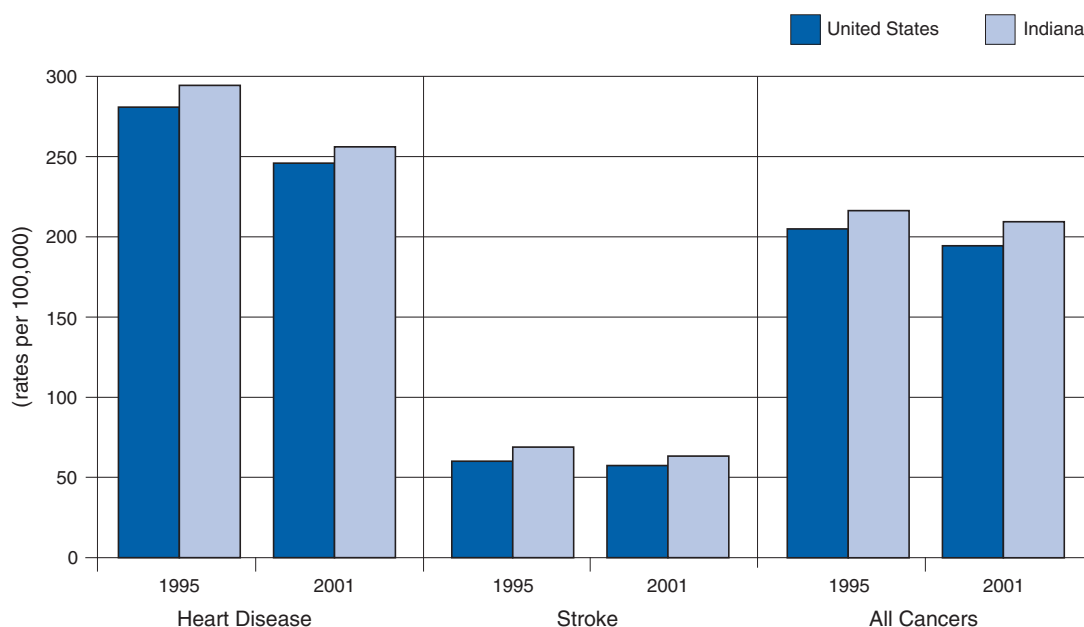


Chronic Diseases: The Leading Causes of Death

The Leading Causes of Death

United States and Indiana, 1995 and 2001



Source: National Center for Health Statistics, 2003

The Burden of Chronic Disease

Chronic diseases—such as heart disease, stroke, cancer, and diabetes—are among the most prevalent, costly, and preventable of all health problems. Seven of every ten Americans who die each year, or more than 1.7 million people, die of a chronic disease.

Reducing the Burden of Chronic Disease

Chronic diseases are not prevented by vaccines, nor do they just disappear. To a large degree, the major chronic disease killers are an extension of what people do, or not do, as they go about the business of daily living. Health-damaging behaviors—in particular, tobacco use, lack of physical activity, and poor nutrition—are major contributors to heart disease and cancer, our nation's leading killers. However, tests are currently available that can detect breast cancer, colon cancer, heart disease, and other chronic diseases early, when they can be most effectively treated.

The Leading Causes of Death and Their Risk Factors

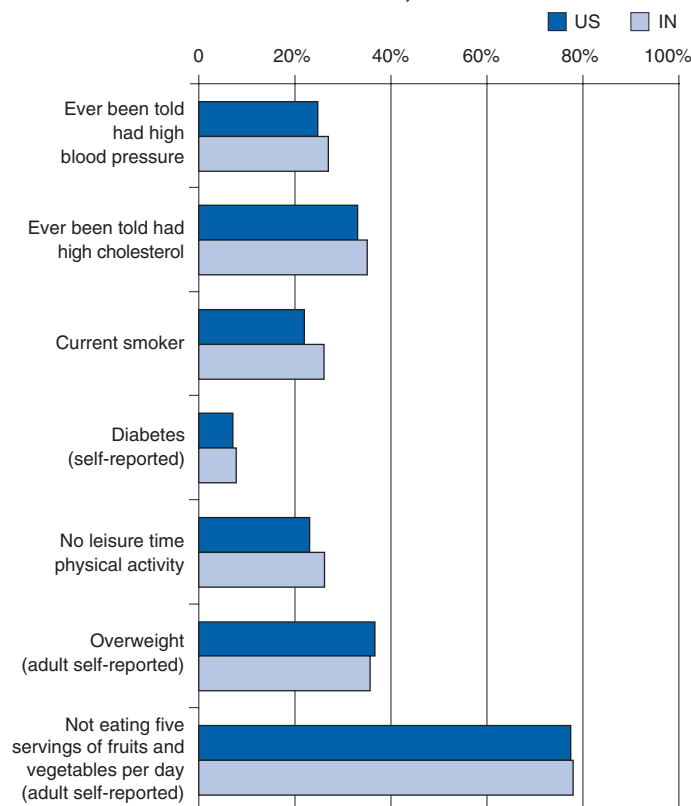
Heart Disease and Stroke

Heart disease and stroke are the first and third leading causes of death for both men and women in the United States. Heart disease is the leading cause of death in Indiana, accounting for 15,682 deaths or approximately 28% of the state's deaths in 2001 (the most recent year for which data are available). Stroke is the third leading cause of death, accounting for 3,877 deaths or approximately 7% of the state's deaths in 2001.

Prevention Opportunities

Two major independent risk factors for heart disease and stroke are high blood pressure and high blood cholesterol. Other important risk factors include diabetes, tobacco use, physical inactivity, poor nutrition, and being overweight or obese. A key strategy for addressing these risk factors is to educate the public and health care practitioners about the importance of prevention. All people should also partner with their health care providers to have their risk factor status assessed, monitored, and managed in accordance with national guidelines. People should also be educated about the signs and symptoms of heart attack and stroke and the importance of calling 911 quickly. Forty-seven percent of heart attack victims and about the same percentage of stroke victims die before emergency medical personnel arrive.

Risk Factors for Heart Disease and Stroke, 2003



Source: BRFSS, 2004

Cancer

Cancer is the second leading cause of death and is responsible for one of every four deaths in the United States. In 2004, over 560,000 Americans—or more than 1,500 people a day—will die of cancer. Of these annual cancer deaths, 13,250 are expected in Indiana. About 1.4 million new cases of cancer will be diagnosed nationally in 2004 alone. This figure includes 32,160 new cases that are likely to be diagnosed in Indiana.

Estimated Cancer Deaths, 2004

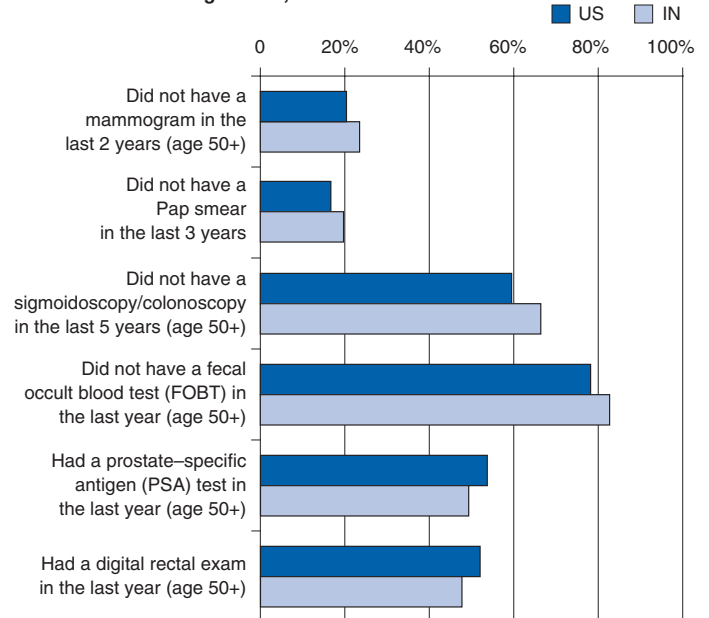
Cause of death	US	IN
All Cancers	563,700	13,250
Breast (female)	40,110	890
Colorectal	56,730	1,360
Lung and Bronchus	160,440	4,150
Prostate	29,900	700

Source: American Cancer Society, 2004

Prevention Opportunities

The number of new cancer cases can be reduced and many cancer deaths can be prevented. Adopting healthier lifestyles—for example, avoiding tobacco use, increasing physical activity, achieving a healthy weight, improving nutrition, and avoiding sun overexposure—can significantly reduce a person's risk for cancer. Making cancer screening, information, and referral services available and accessible is essential for reducing the high rates of cancer and cancer deaths. Screening tests for breast, cervical, and colorectal cancers reduce the number of deaths by detecting them early.

Preventive Screening Trends, 2002



Source: BRFSS, 2003

Indiana's Chronic Disease Program Accomplishments

Examples of Indiana's Prevention Successes

- Statistically significant decreases in cancer deaths among men across all races, with the greatest decrease occurring among African American men (426.7 per 100,000 in 1990 versus 355.5 per 100,000 in 2000).
- An 18.8% decrease in the number of women older than age 50 who reported not having had a mammogram in the last 2 years (from 42.3% in 1992 to 23.5% in 2002).
- A lower prevalence rate than the corresponding national rate for self-reported overweight (35.7% in Indiana versus 36.7% nationally).

CDC's Chronic Disease Prevention and Health Promotion Programs

In collaboration with public and private health organizations, CDC has established a national framework to help states obtain the information, resources, surveillance data, and funding needed to implement effective chronic disease prevention programs and ensure that all Americans have access to quality health care. CDC funding and support enable state health departments to respond efficiently to changing health priorities and effectively use limited resources to meet a wide range of health needs among specific populations. The table below is a breakdown of the CDC's funding awards to Indiana in the areas of cancer, heart disease, stroke, and related risk factors.

CDC Cancer, Heart Disease, Stroke, and Related Risk Factor Funding for Indiana, FY 2003

SURVEILLANCE	
Behavioral Risk Factor Surveillance System (BRFSS) <i>Indiana BRFSS</i>	\$154,016
National Program of Cancer Registries <i>Indiana State Cancer Registry</i>	\$988,351
CHRONIC DISEASE PREVENTION AND CONTROL	
Cardiovascular Health Program	\$0
Diabetes Control Program <i>Indiana Diabetes Prevention and Control Program</i>	\$335,404
National Breast and Cervical Cancer Early Detection Program <i>Indiana Breast and Cervical Cancer Early Detection Program</i>	\$1,926,397
National Comprehensive Cancer Control Program <i>Indiana Comprehensive Cancer Control Program</i>	\$125,000
WISEWOMAN	\$0
MODIFYING RISK FACTORS	
National Tobacco Prevention and Control Program <i>Indiana Tobacco Prevention and Control Program</i>	\$1,399,979
State Nutrition and Physical Activity/Obesity Prevention Program	\$0
Racial and Ethnic Approaches to Community Health (REACH 2010)	\$0
Total	\$4,929,147

The shaded area(s) represents program areas that are not currently funded. The above figures may contain funds that have been carried over from a previous fiscal year.

Additional Funding

CDC's National Center for Chronic Disease Prevention and Health Promotion funds additional programs in Indiana that fall into other health areas. A listing of these programs can be found at <http://www.cdc.gov/nccdphp/states/index.htm>.

Opportunities for Success

Chronic Disease Highlight: Cardiovascular Disease

Cardiovascular disease (CVD), including heart disease and stroke, is the leading cause of death in Indiana. In 2001, the state had the 15th highest heart disease death rate and the 15th highest stroke death rate in the United States. From 1996 to 2000, the heart disease death rate for Indiana was 560 per 100,000, compared with the national heart disease death rate of 536 per 100,000. From 1991 to 1998 Indiana's stroke death rate was also higher than the national average (138 per 100,000 versus 121 per 100,000).

Several major risk factors put individuals at an increased risk of developing CVD: smoking, hypertension (high blood pressure), high blood cholesterol, overweight and obesity, physical inactivity, and diabetes. Indiana has one of the nation's highest percentages of current smokers (26.1% compared to the national rate of 22.1%). Indiana also has a high hypertension rate (27.0% compared to 24.8% nationally). Indiana's rate for self-reported high blood cholesterol (35.1%) is also higher than the national rate (33.1%).

In 2001, Indiana ranked among the top 10 states for obesity prevalence. In 2003, over 61% of adults in Indiana were either overweight or obese. Approximately 74.0% of Indiana residents reported participating in leisure time physical activity, while the national rate was 76.9%. In Indiana, the prevalence rate for diabetes was higher than the national average in 2003 (7.4% compared to 7.1%) and the state's diabetes death rate in 2001 (27.7 per 100,000) was higher than the national diabetes death rate of 25.2 per 100,000. To address these issues, the state developed the Healthy People 2010 goals listed below.

Healthy People 2010 Goals for Indiana: Reducing Cardiovascular Disease Risk Factors

Health Indicators	Indiana 2001	Indiana 2010 Target
Increase the proportion of adults who are at a healthy weight	38.7%	60.0%
Reduce the prevalence of adults who smoke cigarettes regularly	27.6%	12.0%
Reduce the proportion of adults who do not engage in leisure time physical activity	27.5%	20.0%

Behavioral Risk Factor Surveillance System Indiana Statewide Survey Data, 2002

Disparities in Health

Heart disease is the leading cause of death in the United States. Among racial and ethnic groups, African American men and women have the highest rates of heart disease. In 2001, the rate of death for heart disease was 31% higher among African Americans than among whites, and 49% higher among men of all races than women of all races.

The African American population is the largest racial minority group in Indiana, comprising 8.4% of the state's population. African Americans have high rates of the leading risk factors for heart disease. The obesity rate among African Americans in Indiana (36.6%) is higher than the obesity rate for whites (25.6%). African Americans are less likely to participate in leisure time physical activity (67.2%) than whites (75.1%). In addition, African Americans are more likely to report having been told that they have high blood pressure (36.8%) than whites (27.0%). African Americans also are more likely to smoke (31.8%) than whites (25.3%).

Given the disparities in behavioral risk factors described above, it is not surprising that the leading cause of death among African Americans in Indiana is heart disease. From 1996 to 2000, the age-adjusted heart disease death rate for African Americans was 667 per 100,000, compared with 555 per 100,000 for whites. From 1991 to 1998, African Americans in Indiana also had a higher stroke death rate than whites (162 per 100,000 versus 136 per 100,000). African Americans also had a higher cancer death rate than whites in 2000 (355.5 per 100,000 for African American men versus 254.7 per 100,000 for white men, and 202.7 per 100,000 for African American women versus 178.1 per 100,000 for white women).

Other Disparities

- **Cholesterol:** In Indiana, 68.5% of African Americans report having had their blood cholesterol checked in the past 5 years, in comparison with 73.7% of whites.
- **Diabetes:** In Indiana, 11.5% of African Americans report having been told by a doctor that they have diabetes, compared with only 7.6% of their white counterparts. The diabetes prevalence rate for African Americans in Indiana (12%) is also higher than the national rate for African Americans (10%).
- **Prostate Cancer:** In Indiana, African American men in 2000 had a prostate cancer death rate that was more than twice the rate for white men (71.2 per 100,000 versus 28.5 per 100,000).

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